

# Practice Spotlight: Military Pharmacists in Afghanistan

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Operation Athena is the name used for the Canadian Forces' participation in the International Security Assistance Force in Afghanistan. The Role 3 Multinational Medical Unit (R3 MMU) is the main medical facility in Afghanistan staffed by Canadians; it services a population of more than 14 000 military and civilian personnel of all nationalities. The medical unit is a multinational operation, and, as such, the hospital staff come from a variety of countries in addition to Canada, including the United States, the United Kingdom, Denmark, the Netherlands, Australia, and New Zealand. Canada supplies one complete surgical team (orthopedic, oral maxillofacial, and general surgeons, as well as an anesthetist) and Denmark supplies another. Canada also provides an intensivist, 6 general practice physicians, half of the dental team, a pharmacist, a physiotherapist, and a mental health team (consisting of a psychiatrist, a social worker, and a mental health nurse), as well as general duty, operating room, and critical care nurses, medical technicians, laboratory and radiology technicians, and administrative staff.

The military pharmacist divides his or her time between filling outpatient prescriptions (typically 50 to 80 per day) and caring for inpatients on the 12-bed ward and the 4-bed intensive care unit. Occasionally the ward is full to overflowing, but typically there are no fewer than 6 surgical-medical patients and 1 intensive care patient at any given time. During bedside ward rounds each morning, the team addresses the current issues and treatment plans for each patient. Most inpatients have had surgery of some type, so the main areas of focus for the pharmacist are pain control, prevention and treat-

ment of infection, and re-establishment of proper bowel function. Because of the surgeons' high workload, the team relies on the pharmacist to identify medical problems early and to present solutions that can be readily implemented with the resources available. Close working relationships among the staff members afford great opportunities for advanced practice. During a recent tour of duty in November and December 2007, Captain Allan Edwards worked closely with the anesthetist to provide a pain management service for all inpatients. The consensus among the physicians and nurses was that the majority of patients achieved faster and more consistent pain control when the pharmacist had a more hands-on role in their care.

At R3 MMU, word may come down at any time of the day or night that trauma cases are "incoming". At these times, the entire team swings into action to quickly and effectively triage, stabilize, and treat the wounded. The military pharmacist is often present to provide medication dosing advice and to ensure that all trauma teams, up to 7 at a time, have sufficient quantities of the medications needed for acute care. The pharmacist must also be willing to help out in any other way that might be necessary, such as acting as a stretcher-bearer to carry the wounded from the ambulance to the treatment bays, relaying messages to the surgical or administrative staff, replenishing medical supplies, or mopping blood off the floor in preparation for the next patient.

Unlike in Canada, where supplies usually arrive within a day of ordering, the maintenance of a sufficient medication inventory in Afghanistan can be challenging. Most orders take a week or more to arrive from Canada, and unforeseen events such as a broken-down plane or an operational need to ship nonmedical supplies more urgently may cause further delays. The military pharmacist must occasionally be creative, using connections with counterparts from other countries to meet urgent demands. This may mean researching and providing guidance to the rest of the medical team on appropriate

use of medications that are not normally available in Canada. This knowledge is just one reason why the presence of a pharmacist is so highly appreciated by the rest of the staff.

Overseas deployments typically last 6 to 7 months, with a 3-week leave at some point during the tour. The military pharmacist works 7 days a week, with perhaps 1 or 2 days off per month if workload permits. He or she is on call 24 hours a day to respond to clinical questions from the medical staff, to deal with medical supply issues, and, of course, to treat incoming trauma patients. Despite the long hours, the intensity of the work, and the traumatic nature of the injuries seen, the opportunity to work at the R3 MMU is viewed by many military pharmacists as a highlight of their career. There are few things more rewarding than helping fellow soldiers, of any nationality, or civilian victims of conflict and seeing the relief that shows in their eyes with the realization that they will receive a level of care and respect as high as would be given anywhere in the world.

The Practice Spotlight series highlights the accomplishments of Canadian pharmacists with unique practices in hospitals and related health care settings. If you have a unique or innovative practice, or you know someone else who should be profiled, please submit your contact information to Mary Ensom, Editor of *CJHP* (cjhpedit@cshp.ca), and one of our Associate Editors will be in touch with you.

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